

How to file a complaint with the Audit Unit

Use this form to file a complaint against the party providing your workers' compensation benefits if it isn't providing them correctly.

The form gives examples of benefit violations. Read the instructions on the form. Complete, sign and date the form.

The Audit Unit does not resolve disputes about benefits, but it tracks complaints against all workers' compensation claims administrators (insurance companies, self-insured employers and third party administrators) and takes action to make sure the law is followed. While not all complaints result in investigations or audits, it is important for the Audit Unit to hear your complaint.

Please send your completed complaint form to:

**DWC Audit Unit
Attention complaint desk
2424 Arden Way, suite 305
Sacramento, CA 95825**

You may also send a copy to your insurance company. Sometimes this helps resolve a problem.

Because the law requires some things be kept confidential, you will **not** be informed of the results of your complaint. The Audit Unit will only contact you if you are owed money. Any dispute over benefits must be brought before the Workers' Compensation Appeals Board (WCAB).

If you need help, call an Information and Assistance (I&A) office, or attend a workshop for injured workers. The local I&A phone numbers are listed on the back of this guide. You can get information on a local workshop from the I&A office or on the Web at www.dir.ca.gov/dwc.

The information contained in this guide is general in nature and is not intended as a substitute for legal advice. Changes in the law or the specific facts of your case may result in legal interpretations different than those presented here.

DIVISION OF WORKERS' COMPENSATION DISTRICT OFFICES

ANAHEIM, 92801-1162

1661 N. Raymond Ave., Suite 202
Information & Assistance Unit **(714) 738-4038**

BAKERSFIELD, 93301-1929

1800 30th Street, Suite 100
Information & Assistance Unit **(661) 395-2514**

EUREKA, 95501-0481

100 "H" Street, Suite 202
Information & Assistance Unit **(707) 441-5723**

FRESNO, 93721-2280

2550 Mariposa Street, Suite 4078
Information & Assistance Unit **(559) 445-5355**

GOLETA, 93117-3018

6755 Hollister Avenue, Suite 100
Information & Assistance Unit **(805) 968-4158**

GROVER BEACH, 93433-2261

1562 W. Grand Avenue
Information & Assistance Unit **(805) 481-3380**

LONG BEACH, 90802-4339

300 Oceangate Streets, Suite 200
Information & Assistance Unit **(562) 590-5240**

LOS ANGELES, 90013-1105

320 West 4th Street, 9th Floor
Information & Assistance Unit **(213) 576-7389**

MARINA DEL REY, CA 90292

4720 Lincoln Blvd. 2nd floor
Information & Assistance Unit **(310) 482-3858**

OAKLAND, 94612-1402

1515 Clay Street, 6th Floor
Information & Assistance Unit **(510) 622-2861**

OXNARD, 93030

2220 East Gonzales Road, Suite 100
Information & Assistance Unit **(805) 485-3528**

POMONA, 91766-1601

732 Corporate Center Drive
Information & Assistance Unit **(909) 623-8568**

REDDING, 96001-2796

2115 Civic Center Drive, Suite 15
Information & Assistance Unit **(530) 225-2047**

RIVERSIDE, 92501-3337

3737 Main Street, Suite 300
Information & Assistance Unit **(951) 782-4347**

SACRAMENTO, 95825-2403

2424 Arden Way, Suite 230
Information & Assistance Unit **(916) 263-2741**

SALINAS, 93906-2204

1880 North Main Street, Suites 100 & 200
Information & Assistance **(831) 443-3058**

SAN BERNARDINO, 92401-1411

464 West Fourth Street, Suite 239
Information & Assistance Unit **(909) 383-4522**

SAN DIEGO, 92108

7575 Metropolitan Drive, Suite 202
Information & Assistance Unit **(619) 767-2170**

SAN FRANCISCO, 94102-7002

455 Golden Gate Avenue, 2nd Floor
Information & Assistance Unit **(415) 703-5020**

SAN JOSE, 95113-1482

100 Paseo de San Antonio, Suite 241
Information & Assistance Unit **(408) 277-1292**

SANTA ANA, 92701-4070

28 Civic Center Plaza, Suite 451
Information & Assistance Unit **(714) 558-4597**

SANTA ROSA, 95404-4760

50 "D" Streets, Suite 420
Information & Assistance Unit **(707) 576-2452**

STOCKTON, 94202

31 East Channel Street, Suite 344
Information & Assistance Unit **(209) 948-7980**

VAN NUYS, 91401-3373

6150 Van Nuys Blvd., Suite 105
Information & Assistance Unit **(818) 901-5374**

AUDIT REFERRAL FORM

SAMPLE

<u>Claims Administrator / Company Name</u> Claims Administrator / Company Name	<u>Injured Worker Name</u> Injured Worker Name
<u>Address</u> Address	<u>Claim number</u> Claim Number
<u>City, State, Zip</u> City, State, Zip	<u>Date of injury</u> Date Of Injury
<u>Date or period of violations</u> Date Or Period Of Violations	<u>Employer</u> Employer

SPECIFIC DETAILS OF COMPLAINT

List the nature of the complaint, being as specific as possible. For example, late payments of temporary or permanent disability (the number of late payments, if known), failure to pay temporary or permanent disability, vocational rehabilitation maintenance allowance, or 10% self-imposed penalties for late payments (indicate the periods not paid, if known), failure to provide vocational rehabilitation services when indicated, failure to pay or object to medical or medical-legal bills, failure to investigate a claim, unsupported denial of liability for a claim, et al. Please attach copies of supporting documentation, if available.

Specific details of complaint

<u>Complainant (Name & Title)</u> Complainant (Name & Title)	<u>Date</u> Date
<u>Address, City, State, Zip</u> Address, City, State, Zip	

AUDIT REFERRAL FORM

_____ Claims Administrator / Company Name	_____ Injured Worker Name
_____ Address	_____ Claim Number
_____ City, State, Zip	_____ Date Of Injury
_____ Date Or Period Of Violations	_____ Employer

SPECIFIC DETAILS OF COMPLAINT

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Complainant (Name & Title)

Date

Address, City, State, Zip